



SEP - 1 2011

GE Healthcare
510(k) Premarket Notification Submission

510(k) Summary

In accordance with 21 CFR 807.92 the following summary of information is provided:

Date: August 1, 2011

Submitter: GE Healthcare [GE Healthcare Austria GmbH & Co OG]
Tiefenbach 15
Zipf, Austria 4871

Primary Contact Person: Bryan Behn
Regulatory Affairs Manager
GE Healthcare
T:(414)721-4214
F:(414)918-8275

Secondary Contact Person: Roland Kuntscher
Regulatory Affairs Specialist
GE Healthcare Austria GmbH & Co OG
T:(+43)7682-3800-660
F:(+43)7682 3800-47

Device: Trade Name: Voluson E6/E8/E8Expert/E10 Diagnostic Ultrasound System

Common/Usual Name: Voluson E6/E8/E8Expert/E10

Classification Names: Class II

Product Code: Ultrasonic Pulsed Doppler Imaging System, 21CFR 892.1550 90-IYN
Ultrasonic Pulsed Echo Imaging System, 21CFR 892.1560, 90-IYO
Diagnostic Ultrasound Transducer, 21 CFR 892.1570, 90-ITX

Predicate Device(s): K101236 Voluson E6/E8/E8Expert Diagnostic Ultrasound System

K101149 Vivid E9 Diagnostic Ultrasound System

Device Description: The Voluson E6/E8/E8Expert/E10 system is a full-featured Track 3 ultrasound system, primarily for general radiology use and specialized for OB/GYN with particular features for realtime 3D/4D acquisition. It consists of a mobile console with keyboard control panel; color LCD/TFT touch panel, color video display and optional image storage and printing devices. It provides high performance ultrasound imaging and analysis and has comprehensive networking and DICOM capability. It utilizes a variety of linear, curved linear, matrix phased array transducers including mechanical and electronic scanning transducers, which provide highly accurate realtime three dimensional imaging supporting all standard acquisition modes.

Intended Use: The device is a general purpose ultrasound system. Specific clinical applications remain the same as previously cleared:



GE Healthcare

510(k) Premarket Notification Submission

Fetal/OB; Abdominal (including GYN, pelvic and infertility monitoring/follicle development); Pediatric; Small Organ (breast, testes, thyroid etc.); Neonatal and Adult Cephalic; Cardiac (adult and pediatric); Musculo-skeletal Conventional and Superficial; Peripheral Vascular; Transvaginal; Transrectal; and Intraoperative (abdominal, PV and neurological).

Technology: The Voluson E6/E8/E8Expert/E10 employs the same fundamental scientific technology as its predicate devices.

Determination of Substantial Equivalence: Summary of Non-Clinical Tests:

The device has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical, electromagnetic, and mechanical safety, and has been found to conform with applicable medical device safety standards. The Voluson E6/E8/E8Expert/E10 and its applications comply with voluntary standards as detailed in Section 9, 11 and 17 of this premarket submission. The following quality assurance measures were applied to the development of the system:

- Risk Analysis
- Requirements Reviews
- Design Reviews
- Testing on unit level (Module verification)
- Integration testing (System verification)
- Final Acceptance Testing (Validation)
- Performance testing (Verification)
- Safety testing (Verification)

Transducer materials and other patient contact materials are biocompatible.

Summary of Clinical Tests:

The subject of this premarket submission, Voluson E6/E8/E8/Expert/E10, did not require clinical studies to support substantial equivalence.

Conclusion: GE Healthcare considers the Voluson E6/E8/E8 Expert/E10 to be as safe, as effective, and performance is substantially equivalent to the predicate device(s).



Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Mr. Bryan Behn
Regulatory Affairs Manager
GE Healthcare
9900 W Innovation Drive
WAUWATOSA WI 53226

SEP - 1 2011

Re: K112213

Trade/Device Name: Voluson E6/E8/E8Expert/E10 Diagnostic Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Class: II
Product Code: IYN, IYO, and ITX
Dated: August 1, 2011
Received: August 2, 2011

Dear Mr. Behn:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the Voluson E6/E8/E8Expert/E10 Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

<u>RAB2-5-D</u>	<u>PA6-8-D</u>	<u>3S-D</u>	<u>RRE5-10-D</u>
<u>RAB4-8-D</u>	<u>SP10-16-D</u>	<u>P2D</u>	<u>RM14L</u>
<u>RIC5-9-D</u>	<u>RSP6-16-D</u>	<u>P6D</u>	<u>3Sp-D</u>
<u>RNA5-9-D</u>	<u>RIC6-12-D</u>	<u>M6C</u>	<u>C4-8-D</u>
<u>RRE6-10-D</u>	<u>RAM3-8</u>	<u>11L-D</u>	<u>RAB6-D</u>
<u>AB2-7-D</u>	<u>RSM5-14</u>	<u>C1-5-D</u>	<u>eM6C</u>
<u>4C-D</u>	<u>9L-D</u>	<u>ML6-15-D</u>	
<u>IC5-9-D</u>	<u>M12LW</u>	<u>RM6C</u>	

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

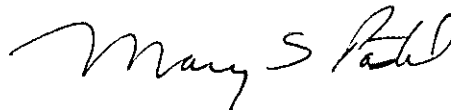
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

If you have any questions regarding the content of this letter, please contact Robert Ochs, Ph.D. at (301) 796-6661.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Mary S. Pastel".

Mary S. Pastel, Sc.D.
Director
Division of Radiological Devices
Office of In Vitro Diagnostic Device
Evaluation and Safety
Center for Devices and Radiological Health

Enclosure(s)



GE Healthcare
510(k) Premarket Notification Submission

510(k) Number (if known): K112213

Device Name: Voluson E6/E8/E8Expert/E10 Diagnostic Ultrasound System

Indications for Use:

The device is a general purpose ultrasound system. Specific clinical applications remain the same as previously cleared: Fetal/OB; Abdominal (including GYN, pelvic and infertility monitoring/follicle development); Pediatric; Small Organ (breast, testes, thyroid etc.); Neonatal and Adult Cephalic; Cardiac (adult and pediatric); Musculo-skeletal Conventional and Superficial; Peripheral Vascular; Transvaginal; Transrectal; and Intraoperative (abdominal, PV and neurological).

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use NA
(Part 21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE
IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Mary S Patel

(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and
Safety

510(k) Number K112213

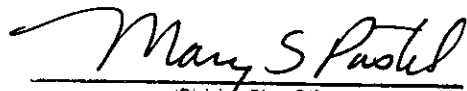


GE Healthcare

510(k) Premarket Notification Submission

Indications for Use Forms

The following forms represent indications with clinical applications and exam types along with the modes of operation for the Voluson E6/E8/E8Expert/E10 system and for all of its probe/mode combinations. Combinations identified by "N" are new while "P" represents those previously cleared with the unmodified Voluson E6/E8/E8Expert. In a similar manner, "E" represents combinations added to the unmodified Voluson E6/E8/E8Expert via Guidance Appendix E. This modification did not alter the previously cleared system level indications or clinical applications.



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

14112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 Ultrasound System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color* Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	[5,6,9]
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	[5,6,9]
Pediatric	P	P	P	P	P	P	P	P	P	P	[5,6,9]
Small Organ ^[2]	P	P	P	P	P	P	P	P	P	P	[5,6,9]
Neonatal Cephalic	P	P	P	P	P	P	P	P	P	P	[5]
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	
Cardiac ^[3]	P	P	P	P	P	P	P	P	P	P	[5]
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	[5,6,9]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6,9]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[5,6,9]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[5,6,9]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6,9]
Transurethral											
Intraoperative	P	P	P		P	P	P	P	P	P	
Intraoperative Neurological	P	P	P		P	P	P	P	P	P	
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic.

[2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[3] Cardiac is Adult and Pediatric.

[5] 3D/4D Imaging Mode.

[6] Includes imaging of guidance of biopsy (2D/3D/4D).

[7] Includes infertility monitoring of follicle development.

[8] Includes urology/prostate.

[9] Elastography imaging- Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

[†] 4D color Doppler

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213
15



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RAB2-5-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[5,6]
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RAB4-8-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[5,6]
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

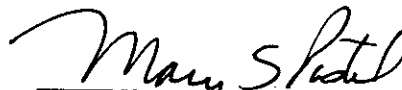
[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RIC5-9-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6,9]
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[5,6,9]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6,9]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[8] Includes urology/prostate

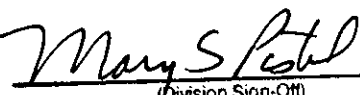
[9] Elastography Imaging- Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety
510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RNA5-9-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	[5,6]
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	[5,6]
Pediatric	P	P	P	P	P	P	P	P	P	P	[5,6]
Small Organ ^[2]	P	P	P	P	P	P	P	P	P	P	[5,6]
Neonatal Cephalic	P	P	P	P	P	P	P	P	P	P	[5]
Adult Cephalic											
Cardiac ^[3]	P	P	P	P	P	P	P	P	P	P	[5]
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	[5,6]
Musculo-skeletal Conventional	P	P	P	P	P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal is Neonatal and pediatric

[2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[3] Cardiac is Neonatal and Pediatric.

[5] 3D/4D Imaging Mode


[6] Includes imaging of guidance of biopsy (3D/4D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RRE6-10-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[5,6]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[8] Includes urology/prostate

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with AB2-7-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[6]
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[6] Includes imaging of guidance of biopsy (2D)

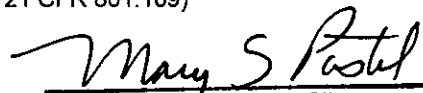
[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with 4C-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	[6]
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	[6]
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	[6]
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[6] Includes imaging of guidance of biopsy (2D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with IC5-9-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[6,9]
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[6,9]
Transvaginal	P	P	P		P	P	P	P	P	P	[6,9]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [6] Includes imaging of guidance of biopsy (2D)

[7] Includes infertility monitoring of follicle development

[8] Includes urology/prostate

[9] Elastography Imaging- Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with PA6-8-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	
Pediatric	P	P	P	P	P	P	P	P	P	P	
Small Organ ^[2]											
Neonatal Cephalic	P	P	P	P	P	P	P	P	P	P	
Adult Cephalic											
Cardiac ^[3]	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other ^[4]											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal is Neonatal, pediatric and obstetrics

[3] Cardiac is Adult and Pediatric.

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

Mary S Patel
(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with SP10-16-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Conventional											
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[6]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

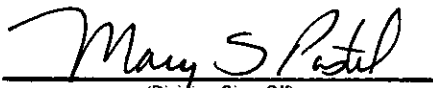
[6] Includes imaging of guidance of biopsy (2D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RSP6-16-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[2]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[5,6]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[5,6]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[6]											
Transvaginal											
Transurethral											
Intraoperative	P	P	P		P	P	P	P	P	P	
Intraoperative Neurological	P	P	P		P	P	P	P	P	P	
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 15112213



GE Healthcare

510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RIC6-12-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[5,6]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

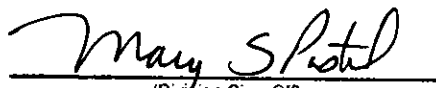
[8] Includes urology/prostate

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RAM3-8 Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[5,6]
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

Mary S. Pastel
(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RSM5-14 Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[5,6]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[5,6]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with 9L-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P	P	P	P	P	P	P	P	[6]
Small Organ ^[2]	P	P	P	P	P	P	P	P	P	P	[6]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	[6]
Musculo-skeletal Conventional	P	P	P	P	P	P	P	P	P	P	[6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

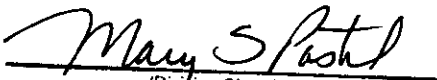
[6] Includes imaging of guidance of biopsy (2D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety
510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with M12LW Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[6]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[6]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[6] Includes imaging of guidance of biopsy (2D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 1112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with 3S-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal /	P	P	P	P	P	P	P	P	P	P	
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	
Pediatric	P	P	P	P	P	P	P	P	P	P	
Small Organ ^[2]											
Neonatal											
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	
Cardiac ^[3]	P	P	P	P	P	P	P	P	P	P	
Peripheral											
Musculo-skeletal											
Musculo-skeletal											
Other											
<i>Exam Type</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic

[3] Cardiac is adult and Pediatric

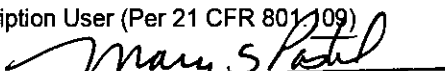
[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 1512213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with P2D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic				P							
Cardiac ^[3]				P							
Peripheral Vascular				P							
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

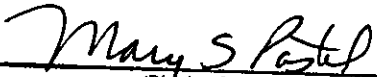
N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [3] Cardiac is adult and Pediatric

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety
510K 15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with P6D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]				P							
Peripheral Vascular				P							
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

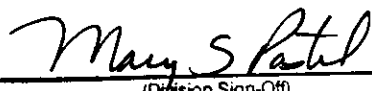
N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [3] Cardiac is adult and Pediatric

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with M6C Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	[6]
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	[6]
Pediatric	P	P	P	P	P	P	P	P	P	P	[6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[6] Includes imaging of guidance of biopsy (2D)

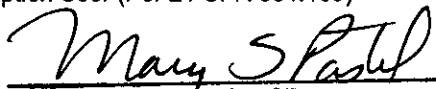
[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with 11L-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[6,9]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[6,9]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[6,9]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[6] Includes imaging of guidance of biopsy (2D)

[9] Elastography Imaging- Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with C1-5-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	[6]
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	[6]
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	[6]
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

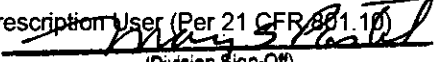
[6] Includes imaging of guidance of biopsy (2D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.10)

(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K 5112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with ML6-15-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[6,9]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[6,9]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[6,9]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[6,9]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[6] Includes imaging of guidance of biopsy (2D)

[9] Elastography Imaging-Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RM6C Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[5,6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[5,6]
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K

K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RRE5-10-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric											
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal ^[8]	P	P	P		P	P	P	P	P	P	[5,6,9]
Transvaginal	P	P	P		P	P	P	P	P	P	[5,6,9]
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[8] Includes urology/prostate

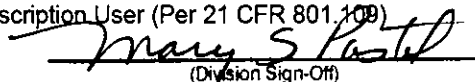
[9] Elastography Imaging- Elasticity

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with RM14L Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]											
Abdominal ^[1]											
Pediatric	P	P	P		P	P	P	P	P	P	[5,6]
Small Organ ^[2]	P	P	P		P	P	P	P	P	P	[5,6]
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	[5,6]
Musculo-skeletal Superficial	P	P	P		P	P	P	P	P	P	[5,6]
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid, salivary gland, lymph nodes, pediatric and neonatal patients

[5] 3D/4D Imaging Mode

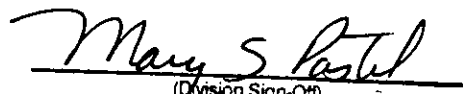
[6] Includes imaging of guidance of biopsy (3D/4D)

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)
Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety
510K 1512213



GE Healthcare

510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with 3Sp-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P	P	P	P	P	P	P	P	
Abdominal ^[1]	P	P	P	P	P	P	P	P	P	P	
Pediatric	P	P	P	P	P	P	P	P	P	P	
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	
Cardiac ^[3]	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic

[3] Cardiac is adult and Pediatric

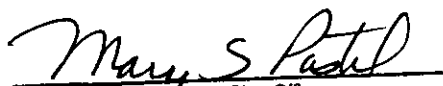
[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K K112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form
GE Voluson E6/E8/E8Expert/E10 with C4-8-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	P	P	P		P	P	P	P	P	P	[6]
Abdominal ^[1]	P	P	P		P	P	P	P	P	P	[6]
Pediatric	P	P	P		P	P	P	P	P	P	[6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	[6]
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[6] Includes imaging of guidance of biopsy (2D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

Mary S. Patel

(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

112713



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with RAB6-D Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										Other [Notes]
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics ^[7]	E	E	E		E	E	E	E	E	E	[5,6]
Abdominal ^[1]	E	E	E		E	E	E	E	E	E	[5,6]
Pediatric	E	E	E		E	E	E	E	E	E	[5,6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	E	E	E		E	E	E	E	E	E	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)

Mary S. Patel
(Division Sign-Off)

Division of Radiological Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213



GE Healthcare
510(k) Premarket Notification Submission

Diagnostic Ultrasound Indications for Use Form

GE Voluson E6/E8/E8Expert/E10 with eM6C Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color [#] Doppler	Color M Doppler	Power Doppler	Combined Modes*	Harmonic Imaging	Coded Pulse	Other [Notes]
Ophthalmic											
Fetal / Obstetrics ^[7]	N	N	N		N	N	N	N	N	N	[5,6]
Abdominal ^[1]	N	N	N		N	N	N	N	N	N	[5,6]
Pediatric	N	N	N		N	N	N	N	N	N	[5,6]
Small Organ ^[2]											
Neonatal Cephalic											
Adult Cephalic											
Cardiac ^[3]											
Peripheral Vascular											
Musculo-skeletal Conventional	N	N	N		N	N	N	N	N	N	[5,6]
Musculo-skeletal Superficial											
Other											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic, Urology

[5] 3D/4D Imaging Mode

[6] Includes imaging of guidance of biopsy (3D/4D)

[7] Includes infertility monitoring of follicle development

[*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

[[#]] 4D color Doppler

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Prescription User (Per 21 CFR 801.109)


(Division Sign-Off)

Division of Radiological Devices
Office of In Vitro Diagnostic Device Evaluation and Safety

510K

15112213